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**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

PLAINTIFF STEVE JACKSON		COURT CASE NUMBER 08 C 2520
DEFENDANT SHERIFF TOM DART, ETAL.		TYPE OF PROCESS SUMMONS & COMPLAINT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> SALVADOR GODINEZ, DIRECTOR AT COOK COUNTY JAIL ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2600 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608, Legal Dept. 2nd Flr. Dir. 5		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
STEVE JACKSON - #2006-0060297 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, ILLINOIS 60608		Number of parties to be served in this case 11
		Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		06-10-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2011	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk R.T.	Date 06-10-08
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Ronna Farnandis</i>	FILED		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7/21/08	Time 12:00 PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Signature of U.S. Marshal or Deputy <i>P.B.</i>			

Service Fee 48.00	Total Mileage Charges including endeavors 6.79	Forwarding Fee 0	Total Charges 54.79	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) 54.79
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REMARKS: 1 DUSM 1 HOUR 14 miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED